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SALOPHEN AS AN ANTI-RHEUMATIC.

BY P. J. ROSENHEIM, M. D., NEW YORK.

During the past year and a half I have frequently had occasion to make use of salophen in rheumatic affections, and with results so satisfactory that I am led to contribute these brief memoranda.

The first case in which I employed this remedy was one of muscular rheumatism affecting the muscles of the right arm and shoulder, and so painful that the patient was incapacitated from work and could dress himself only with great difficulty. Salophen was administered in ten grain doses every three hours, together with friction with turpentine liniment. The remedy was given dry on the tongue and followed by a swallow of water. The pain began to disappear within a few hours after its administration, and on the following day, aside from slight stiffness of the muscles, the patient was completely relieved. This favorable experience has been repeated in a number of other cases of muscular rheumatism, and it would seem that in this affection salophen is a most valuable acquisition to our list of remedies.

In acute articular rheumatism my results from salophen have so far been quite good, although my experience has been too limited to warrant positive statements. It has proved fully as effective as salicylate of soda, over which it possesses the following decided advantages: It is free from irritating effects on the stomach and intestinal canal, does not weaken the heart muscle, and does not produce disturbance of the nervous system. Aside from an

abundant perspiration, which appeared within half an hour of its administration and was followed by a reduction of the temperature, it is devoid of after-effects. The patients were not nauseated, and did not complain of headache, ringing in the ears or vertigo, as so frequently happens with the salicylate. The cases treated were of moderate severity, and what impressed me most was the rapidity with which salophen relieved the pains and promoted the comfort of the patient. In the case of a very sensitive woman, who suffered from acute rheumatism of the one ankle and knee joint, the pains abated considerably after the first three or four doses of fifteen grains, given at intervals of two hours, and she was enabled to enjoy a good night's rest. As regards the disappearance of the swelling and other symptoms I failed to note any appreciable difference between the action of salophen and the salicylate of soda.

Before closing permit me to call the attention of your readers to the value of salophen in cases of tonsillitis. There is nothing surprising in this, since tonsillar inflammations occur so frequently in rheumatic subjects that there seems to be a distinct relationship between these affections. It has lately been my habit to prescribe in acute follicular tonsillitis five grain doses of salophen every two or three hours until the pains and discomfort were relieved, and then at longer intervals. Here also I noted the analgesic and sedative properties of the remedy, the pains and irritation in the throat usually yielding rapidly to its influence. In cases attended with marked fever I usually combined three to five grains of phenacetin with the first two or three doses of salophen, and found this combination very effective.

THE THERAPEUTIC ACTION OF TRIONAL.

BY OTTO BAKOFEN.

Inaugural dissertation presented to the University of Freiburg.

In recent years several new hypnotics have been introduced into the *materia medica* by Baumann & Kast, of which two deserve special consideration, namely, sulfonal, diethylsulfondimethylmethane, and trional, diethylsulfomethylmethylethylmethane. As regards sulfonal, which was rapidly introduced into therapeutics, it was found as a result of experiments on animals that the hypnotic effect was attributable to the ethyl groups which it contained. Conformably to this fact, it was also determined by means of experiments on animals that trional, which has one ethyl group more than sulfonal, had a better action than the latter.

The first test of trional on human beings was made at the General Hospital of Hamburg-Eppendorf, and the observations and results were published by Barth & Rumpel (*Deutsch. med. Wochenscher.* 1890, No. 32):

The dose and manner of administration was similar to that of sulfonal. "The greatest single dose amounted to 3.0 gm., the largest daily dose to 4.0 gm."

Trional was administered 72 times to 40 patients, and produced sleep in 64 cases.

After-effects were never observed by them, except occasional fatigue and sleepiness. The authors further believe that by a proper selection of the time of administration a postponement of the effect could be entirely avoided.

The remedy was inefficient only in alcoholic delirium. In this disease, under use of doses equivalent to those of sulfonal, they were unable to prevent a threatened attack, or to abridge it when already developed. They obtained the following results:

1. Trional in human beings possesses a decided hypnotic action.

2. To obtain the same degree of hypnotic effect, approximately the same dose was required as with sulfonal, and not two-thirds of the dose, as might have been expected from the experiments on animals.

3. In certain cases where sulfonal was ineffective Trional produced a full hypnotic action.

4. The indications corresponded to those of sulfonal.

5. The action of trional was better than that of sulfonal in 17 cases, equivalent in 6, and inferior in 7.

6. After-effects and a postponement of action could be avoided by appropriate dosage and period of administration.

E. Schultze (*Therapeutische Monatshefte*, No. x, 1891), reports his investigations on trional from the Provincial Insane Asylum at Bonn.

Among 76 patients over 1000 gm. were employed in about 600 single doses, varying between 1.0 to 4.0 gm. The remedy was also given in fractional doses in

various cases, and it was found that an administration of 2.0 gm. morning and nights was most serviceable.

The powder was administered one-half hour before retiring, in warm water or soup. The effect of the remedy ensued within the first hour after its administration.

Of the 76 patients 20 were affected with mania, 15 with paralysis, 8 with paranoia, 17 with mental weakness, attended by excitement; and 16 with melancholia.

1. In the cases of mania and paralysis he made the following observations:

In cases where the patients had remained awake all night in bed, although experiencing a desire to sleep, trional exerted a very favorable action. In patients who were noisy and restless all night, a single evening dose had a satisfactory result only in the milder cases. Under administration of 2.0 gm., each, morning and night, he obtained a good effect also in the other cases. The patients became more quiet, although no influence was exerted upon the disease itself. He observed a less favorable result when the remedy was employed in such cases in 1.0 gm. doses two or three times daily.

In cases where the patients were very restless during the day, but slept during the night, the remedy was given with good effect once daily in the morning.

An absence of effect was observed by him in only one case of mania and three cases of paralysis. In a recent case of periodical mania the administration of 2.0 gm. twice daily, and continued for 14 days, produced a considerable amelioration of the attacks, but had no influence in shortening them.

2. In eight cases of paranoia, in which the patients were unable to sleep on account of strong hallucinations, the effect failed to appear in but one case, while in the others it was excellent.

3. In 17 cases of dementia with excitement doses of 1.0 gm. were almost always followed by a good result.

4. Trional also produced a sleep of six to eight hours' duration in melancholic patients. In but two of the 16 cases was the effect but slightly developed.

Finally Schultze observed a favorable action from 1.0 gm. in four mentally sound persons who suffered from nervous sleeplessness.

In several instances after the use of trional he noted a diminution of the hallucinations.

Unpleasant or injurious after-effects were never observed by him, except that in two cases after an evening dose of 3.0 and 4.0 gm. respectively he observed an ataxia of the lower extremities in the morning, which, however, disappeared during the course of the day.

In three cases in which sulfonal proved ineffective trional had a favorable action; in two cases in which sulfonal had produced headache and edema of the upper eyelids trional had no ill after-effects.

Schultze therefore concludes that trional is an admirable hypnotic, equivalent at least to sulfonal, and even frequently preferable to the latter.

M. Horvath (Magyar Orvos i Archivum, 1892, I evfoliam 3 fuzet) made his experiments in the pharmacological institute of Professor A. Bokai, of Budapest. His observations were as follows:

He employed the remedy in doses of 0.5 to 2.0 gm. at the clinic of Prof. Laufenauer in 27 cases affected with various psychoses, giving it altogether 70 times. His results were unfavorable, but he believes that the cause of his failures was attributable to the noises in the wards as well as to the small doses administered. In cases, however, where sleep was produced the effect occurred already at the end of an hour, while in some instances its duration was only one to two hours; in others it extended over several nights.

Horvath found that trional also produced sleep in healthy persons. He tried it on himself, and even at the end of ten minutes experienced a desire for sleep with a peculiar feeling of lassitude. His gait was unsteady, his skin decidedly hyperesthetic. In but one case were tinnitus, nausea and weakness of sight observed.

Aside from the employment of trional in human beings Horvath also experimented with the remedy on frogs, rabbits and dogs. The result arrived at was that trional acts more intensely than sulfonal. The effect always had the character of an intoxication.

Horvath further demonstrated that the drug had no influence upon the form of the blood corpuscles, nor upon the spectrum of the blood. Occasionally it produced contraction of the vessels, and furthermore an acceleration of the heart action, followed by a retardation, was observed, which, however, was free from danger. Simultaneously, he noted a slight diminution of the blood pressure, a reduction of the bodily temperature, sometimes of considerable extent.

The influence of trional upon the respiratory apparatus is more pronounced. The respirations, which are at first increased in frequency, gradually diminish, and finally cease, so that death occurs in consequence of respiratory failure. The reflexes, which are also at first increased in strength, gradually disappear completely. Other changes were not observed by Horvath.

Schafer reports the results obtained from the employment of trional in the Psychiatric clinic of Prof. Binswanger, of Jena.

Altogether 500.0 gm. in about 300 single doses were administered to 119 patients. The single doses varied between 0.5 and 4.0 gm. The largest daily dose amounted in two cases to 6.0 gm., in one case to 8.0 gm. Usually a single dose of 1.0 to 2.0 gm. was given at night. In conditions of marked excitement 1.0 to 3.0 gm. were also administered at intervals of four to eight hours.

The remedy was usually given in warm milk or in warm red wine.

In a few cases of paranoia with hallucinations of poisoning, as well as in cases where a more protracted action

was desired, it was administered strewn upon chopped meat or buttered bread. In one instance it was also employed with good results in the form of a starch enema.

In cases where a course of treatment with other remedies was in progress, as for example, with opium or hyoscine, these were not discontinued during the employment of trional.

The chief indication in the vast majority of administrations was to produce sleep. The insomnia was due to various diseases.

To illustrate the effect of trional Schafer presents the following table:

	No. of single doses.	Percent- age of effec- tive dose.
1. Primary insomnia.....	30	90.0
2. Insomnia from bodily pains.....	6	0.0
3. Insomnia from primary mental disorders:		
a. Depression and fear of moderate degree.....	50	90.0
b. Exhilaration of moderate degree	13	92.4
4. Insomnia from secondary mental disorders produced by hallucinations and delusions.....	25	68.4
5. Insomnia due to hallucinations and primary insane excitement without emotional disturbances.....	39	90.0
6. Insomnia with moderate motor restlessness in cases of neurastenia, paralysis and mental weakness	66	86.5

Aside from the hypnotic effect a sedative influence was also produced in conditions of motor agitation of high degree. The remedy was administered during the day and the following results obtained.

	Number of single doses.	Percentage of effective doses.
1. Intense anxiety and depression,	11	85.0
2. Mental exhilaration (irritability, anger) and incoherence of ideas,	27	24.3
3. Hallucinations, together with incoherence and more rapid flow of ideas.	22	36.4

Trional therefore has a pronounced hypnotic as well as sedative action.

Sleep occurred in the course of 15 to 20 minutes, and was deep, dreamless, and, as a rule, continued uninterrupted for six to ten hours. The majority of patients awoke refreshed in the morning.

In six per cent. of the cases after-effects were observed, consisting of fatigue, lassitude and sleepiness.

In nine cases, after fourteen single doses, the paralysant effect was of longer duration than the hypnotic. The patients complained of vertigo, numbness, unsteadiness of gait. In a few cases, nausea, vomiting, flatulence, diarrhea and ringing in the ears were noted.

No injurious effects upon the heart, lungs and kidneys were met with.

A number of experiments made by Schafer upon rabbits with regard to the direct action of the drug upon the cerebral cortex revealed nothing of special interest. The condition of electrical irritability was unaffected.

This author also found that the action of trional is much more intense and prompt than that of sulfonal. In conditions of slight motor restlessness, where sulfonal failed, trional acted promptly. Schafer reached the following conclusions as the result of his experiments:

1. Trional has a pronounced hypnotic as well as sedative effect, which occurs as early as 10 to 20 minutes after its use.

2. Trional is a prompt and reliable hypnotic, which is indicated in insomnia in the various forms of neurasthenia, the functional psychoses and organic diseases of the brain. It has completely failed only in cases of morphine and cocaine habit, and where bodily pains were severe.

3. It is not serviceable as a sedative in the high degrees of psychical excitement with violent motor restlessness.

4. The effective dose varies from 1.0 to 2.0 gm. Single doses of 3.0 to 4.0 gm., or daily doses of 6.0 to 8.0 gm., can be administered without apprehension.

5. It is best given immediately before going to bed.

6. Injurious effects upon the different organs of the body, upon the stomach and intestinal canal, have not been observed even in a slight degree. Slight after-effects occurred, but rarely.

7. After prolonged use no marked symptoms appeared after its discontinuance; the development of a habit also seems to be excluded.

At a meeting of the Roman Academy of Medicine, June 26, 1892, A. Ramoni (*Deutsche Medizinalzeitung*, 1892, No. 67) reported the results of his experiments with trional. He employed the remedy in 51 cases of mental disease, and arrived at the following conclusions:

1. The action of trional is stronger than that of sulfonal, tetroonal, and chloral hydrate.

2. The effect is developed at the end of 20 to 30 minutes.

3. The sleep produced, which is quiet, dreamless and uninterrupted, lasts from 6 to 8 hours.

4. On awakening no disturbance of any kind is experienced.

5. Unpleasant or injurious after-effects were not noted.

(As I had no opportunity of consulting the *Deutsche Medizinalzeitung*, I took this report from the dissertation of S. Hammerschlag.)

A. Boettiger (*Berliner Klin. Wochenschr.*, 1892, No. 42) reports his investigations, which were made in the Psychiatric and Nervous Clinic of Prof. Hitzig, of Halle.

About 710 gm. were employed in about 480 single doses in 75 cases. These varied in size between 1.0 and 4.0 gm. The largest dose per day amounted to 6.0 gm. Single doses for producing hypnotic or sedative effects during the night were given between 8.30 and 9 P. M.—that

is, shortly before the patient retired. In some of the cases fractional doses were given in the course of the day.

The remedy was administered in form of a fine powder in an abundant amount of warm water, milk, soup or tea.

In some cases it was administered by rectum in the form of a watery solution.

Boettiger communicates his observations in the various classes of diseases:

1. In simple uncomplicated agrypnia trional is a prompt and effective hypnotic. In this group he places the insomnia of functional and organic nervous diseases, unattended with pains, the insomnia of convalescence from physical disorders, and finally, the insomnia of mental diseases, if these be not attended with motor restlessness or disorder, primary or secondary, due to insane ideas and delusions, brooding melancholia or paranoia. Trional was employed in 16 cases of simple insomnia of this character; 174 gm. being administered in 133 single doses, 92 of which amounted to 1.0 gm. and 41 to 2.0 gm. The period of time that elapsed until the occurrence of sleep varied from one-quarter hour to one and one-quarter hours, the duration of sleep varying from six to nine hours. Sleep was unusually deep, quiet, uninterrupted and dreamless. The pulse frequency and respirations were unaffected, and after-effects were seldom noted. In a few instances the patients appeared somewhat fatigued and sleepy in the morning, and on one occasion after the administration of 2.0 gm. trional he observed on the following day a disagreeable feeling of vertigo, staggering and slight malaise. The remedy could be given every evening for two to three weeks without any risk to the patient or impairment of its efficacy.

2. In insomnia due to bodily pains his observations were as follows: In two cases of male hysteria deep sleep was produced by 1.0 gm. In four cases of organic disease of the spinal cord the effect was variable. In two of the latter, one of tabes and the other of amyotrophic lateral sclerosis, the sleep remained insufficient. A somewhat better result was obtained in two other cases of tabes; tolerably good sleep was produced four times by 2.0 gm. and once by 3.0 gm. Boettiger agrees with Schafer in the view that trional fails to act in cases where physical pains are pronounced. In a case of severe hypochondriasis, in which altogether 59 gm. were administered in 43 single doses, Boettiger had very variable results. The effect of trional, which was administered in doses of 1.0 to 2.0 gm., was dependent upon the subjective condition of the patient. As soon as the pains became severe even 2.0 gm. proved ineffective, while on other occasions 1.0 gm. gave a good result. Contrary to Schafer, Boettiger noted a favorable influence from trional in cases of morpho-cocaine habit, and found the remedy a very reliable means of affording sleep and rest to the patient during the night.

3. (a) In 33 cases of mental disease in which insomnia was complicated by

slight psychical disturbances of primary or secondary character, or moderate delirium and motor restlessness, trional was employed in 145 single doses of 1.0 to 2.0 gm. Good effects were obtained in the vast majority of cases; sleep ensued within a short time, and lasted from 6 to 10 hours. After-effects were not observed, except that in two instances a feeling of dizziness was experienced. Boettiger recommends that where the intention is to administer the remedy for a long time it is advantageous to commence with moderate doses of 2.0 to 1.5 gm., which are gradually diminished in size. Conformably to the observations of Barth and Rumpel, the remedy proved ineffective in recent cases of alcoholic delirium. On the other hand, it acted admirably in alcoholic paranoia.

3. (b) The remedy was also employed in nine cases of violent excitement in 32 single doses of 2.0 to 3.0 gm., sometimes several times per day up to a daily dose of 6.0 gm. Here also the effect was almost always good and sufficient. In a case of melancholia only one dose out of nine failed to act, and the same applies to a case of mania. No after-effects were observed. In one case, however, in which deep sleep was produced by a dose at night of 4.0 gm., there occurred on the following morning vomiting, diarrhea, reduction of temperature to 36.1 degree C., temulence and dizziness.

Contrary to the observations of Schulze, Boettiger noted surprisingly good results from fractional doses of 1.0 gm., two or three times daily, and repeated for several days. Patients suffering from conditions of violent excitement became quiet and slept well at night.

The rectal form of administration also gave as good results as its use per os, the effect being prompt and pronounced.

By examining the quantity of acid in the stomach after Ewald's test breakfast, and by determining the protosilis in the same gastric juice with and without the addition of 0.5 gm. of trional, Boettiger was able to demonstrate that the drug had no influence upon the chemical processes of digestion.

To be continued.

The University of Chicago is about to begin the publication of an astronomical journal. Professor George E. Hale, of the Chicago University, and Professor James E. Keeler, of the Allegheny University, are to be the editors.

The following advertisement appeared in one of our daily papers: "Wanted—A gentleman to undertake the sale of a patent medicine. The advertiser guarantees it will be profitable to the undertaker."

—Truth.

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PHILADELPHIA, OCTOBER 6, 1894.

ELECTRICITY AS A DISINFECTING AGENT.

The employment of electricity, if present indications are worth anything, will soon be in practical use for the disinfection of the water supply of cities and towns and secondarily that of sewers.

Not long since an experiment was tried in the town of Brewster, N. Y., in the presence of prominent public health officials, which proved eminently satisfactory.

The apparatus consists of a number of tanks with a capacity of from 2000 to 3000 gallons, a twenty-horse power boiler, a fifteen-horse power engine and a four-horse power dynamo. This whole outfit, costing less than \$5000, can be run, it is said, at an expense of four dollars per day.

Such an apparatus as this is found sufficient for a city of 30,000 population.

The disinfecting fluid conveyed into a sewer, it is asserted, will instantly kill the germs of all kinds of contagious diseases, including those of cholera, diphtheria, scarlet fever, measles and typhoid fever. A glassful of the drainage from the outlet of a sewer upon which the apparatus had operated, when submitted to a chemical test, indicated the presence of large quantities of ozone, which is one of the most powerful of germicides.

The basis of this plan is water. With a plentiful supply of this in a city and an apparatus of sufficient power there seems no reason why this system would not work well.

The question of disinfecting cities is of vast importance. We are threatened every year with pestilence, and a sure preventive would save countless lives and much suffering. Anything which promises such a result should be examined without prejudice and reported upon for the consideration of the people, all of whom are interested in the public health.

It would be interesting to know whether the action of thunder storms is that of a disinfecting agent or whether the rain which descends during a heavy thunder shower contains enough ozone to disinfect our water supply or sewers. We fear such would not be the case to any appreciable degree, but there is doubtless more or less purification of atmospheric conditions after an electric storm.

POISONED AIR A CAUSE OF INEBRIETY.

Dr. T. D. Crothers, in the Journal of the American Medical Association, August 25, 1894, details an account of a man who while living in the country was an abstainer, and came to the city to reside. He slept in a dark room, in the centre of an apartment, with insufficient air. Patient became anemic, suffered from insomnia, and began the use of spirits to encourage sleep, until he became an habitual drunkard, and was ill from semi-deliriums.

He was removed to the country, placed in a light, airy room, and all spirits withdrawn. Recovery followed rapidly. Other accounts follow, showing that bad air in crowded tenements and basement residences will lead to inebriety.

PROTRACTED ANESTHESIA.

Of all the great advances made in the healing art in this century, which is drawing to a close, none transcends the utilization of the volatile spirits of sublimated alcohol for anesthetic purposes. The most agonizing operations are stripped of their terrors and the suffering patient in a quiet slumber, oblivious of everything about him, sleeps on until such time as it is considered desirable to recall consciousness.

In times gone by one of the most necessary qualifications in the operator was rapidity.

There have been surgeons of pre-eminent merit, who, nevertheless, were so tedious in manipulation and slow in execution that they never succeeded as operators.

Lawson Tait maintains that even now with all the advantages which anesthetics give us there is no quality more desirable than celerity in action after an operation is commenced, and he tells us that Seymour, of Edinburgh, was a failure in London through a want of this faculty.

To suppose that because our patient is unconscious to suffering we may prolong indefinitely our operative technique is a mistake, for it may be laid down as a law that the more promptly an operation is performed and the less time consumed, so much the better are our patient's future prospects of surviving and regaining his full health.

We often read in clinical reports that such a patient recovered finely from the operation, but a day or two subsequently urinary suppression set in and cut him off. Septic (?) pneumonia suddenly ended him, or, after a few months, acute insanity developed.

No! Not only is the protracted administration of anesthetics not innocuous, but in not an inconsiderable number such effects follow as wreck the nervous system for the remainder of life.

Pulmonary anesthesia is a species of asphyxia which always markedly inhibits full oxygenation of the blood. Therefore, if we would avoid its deleterious effects, when time is permitted, no complicated serious operation should ever be undertaken until we have first sketched the plan of procedure mentally, and considered all its details and possible contingencies. Then, armed and nerved with such confidence as only comes from sound knowledge, skill and

experience, we may go ahead, always bearing in mind that reduction in time is one of the most important factors in the operator's conduct of a case.

THE BURST-UP OF LISTERISM.

Since its inception I have been professional heathen enough to disbelieve in and to deride this folly. I have watched for many years with mingled amazement and amusement the pirouetting of Sir Joseph Lister among "putties," gauzes, calicoes and steam engines, in order to kill spores and thus prevent suppuration, decomposition, etc.; and I predicted that if Sir Joseph continued in the course in which he was incontinently following, he would ultimately arrive at the point where he originally departed from common sense. I maintain that this prediction has been verified. In his recent address to the Glasgow University Medico-Chirurgical Society, Sir Joseph Lister threw a bomb, much to their consternation and chagrin, among his obsequious flatterers and adulators. Originally, and for as long a period as anything has reigned in "antiseptic surgery," the shibboleth was that suppuration was due to germs floating in myriads in the atmosphere, and the "scientific" method to prevent this suppuration was, as held by the worshipers of this fetish, to kill these germs, and hence Sir Joseph Lister's numerous appliances and devices, all of an ephemeral nature. At the meeting above referred to, Sir Joseph performed what it is to be hoped will be his last antiseptic somersault, in advising the surgical acolytes of Glasgow to pay no attention to atmospheric germs, but preparatory to any operation to bathe the skin with, and immerse the instruments in, a certain solution of carbolic acid. Thus Sir Joseph is back to carbolic acid, which is a very inferior antiseptic, and he has now no theory of atmospheric germs, and hence whatever there was novel in his theory and treatment disappears by one coup. If it be "Listerism" to apply "antiseptics" to wounds, to enjoin cleanliness, and to prevent the access of "gross dirt" to wounds, then there was "Listerism" before Sir Joseph was born, and there will be after many generations of surgeons have passed away. But Sir Joseph has discovered a new "antiseptic" pet; he tells his audience that certain cells termed phagocytes kill the germs, and by their gustatory interven-

tion prevent suppuration, decomposition, disease, etc. Now, I venture humbly to assert that there is no more scientific evidence of the existence of "phagocytes" which comport themselves in this manner than there is for the existence of witches, and of the two beliefs the latter appears to me to be the more reasonable. I read in a recent number of an influential medical contemporary that Sir Joseph Lister had been awarded the Albert medal of the Society of Arts "for the discovery and establishment of the antiseptic method of treating wounds and injuries (what is this?), by which not only has the art of surgery been greatly promoted and human life saved in all parts of the world, but extensive industries have been created for the supply of materials for carrying the treatment into effect." If it be "science" to give a transient impulse to the manufacture of "putty" and calico, then I have certainly misinterpreted the term "science" during all the years that I have lived.

—D. Campbell Black, M. D. (Professor of Physiology in Anderson's College, Glasgow), in Medical Press and Circular.

(Note.)—The "Times and Register" claims the credit of being the first medical journal in America that had the courage and independence to come out and denounce the fakeism which Listerism has lately degenerated into. We have from the beginning denied that modern antisepsis rested on a scientific foundation, and time has abundantly demonstrated that we were in the right, as this countryman of Lister declares.—Ed.

PERMANGANATE OF POTASH VERSUS MORPHINE.

We have been asked to give the status of permanganate of potash as an antidote to morphine poisoning. Statistics are as yet meagre and an editorial in the May 12th issue gave an account of the administration of the drug. The remedy is used in acute morphine poisoning in doses sufficient to counteract the dangerous symptoms of the morphine, by hypodermic injections of a solution nearly to the point of saturation. From one to four or more drachms may be required. Abscess is prone to follow the hypodermic injection. Internal administration does not react so quickly.

Surgery.

Under the charge of T. H. MANLEY, M. D., 115 W. 49th St., New York.

MALIGNANT TUMORS.

Malignant tumors may cause intestinal fistula either by producing obstruction followed by distention and ulceration on the proximal side, or by directly implicating the intestinal wall. The latter mode of origin is the most common. The malignant tumor in such instances invades by contiguity the part or organ which becomes the seat of the intestinal fistula, and at the same time perforates the intestinal wall, so that the fistula is surrounded everywhere by malignant tissue. Carcinoma more frequently pursues such a course than sarcoma. Infection of the malignant tumor with pus microbes plays often an important role in such cases. The suppurative infection often overshadows the malignant disease so completely that the surgeon is misled in his diagnosis and institutes treatment appropriate for abscess when the operation reveals a malignant tumor as the foundation of the difficulty. Carcinoma of the cecum complicated by suppuration has been repeatedly mistaken for appendicitis. Carcinoma of the sigmoid flexure and cecum occasionally results in a pathological anastomosis between the affected part of the bowel and an adjacent loop of the small intestine. Carcinoma of the upper part of the rectum only too often invades the bladder and results in the formation of a recto-vesical fistula. Carcinoma of the stomach and transverse colon have resulted in pathological gastro-colostomy.

Genn. Lancet—Clinic, September 8, 1894.

PALLIATIVE TREATMENT OF UTERINE CANCER.

Boldt (Archiv. of Gyn., June, 1894), speaking of cases where operation is impracticable as the malignant deposit cannot be removed entire, recommends as the best form of treatment curetting and subsequent cauterization. Curetting and packing with pledgets saturated with chloride of zinc will also prove beneficial. If rigid antiseptic precautions be taken, piercing of the uterus by the curette may do no harm. The uterus is first curetted, then the cavity is repeatedly sponged with a mixture of

commercial acetic acid (1 drachm) glycerine (3 drachms), and carbolic acid (20 grains). Lastly the cavity is packed with absorbent wool.

PULSATIONS OF THE AORTA IN THE EPIGASTRIUM OF NERVOUS ORIGIN.

Professor Potain, Paris, France.

We have in the ward Piorry a female patient who offers a complex picture of symptoms. Profoundly anemic, suffering some time from neurasthenic symptoms, the least work exhausts her; she has points sensitive to pressure in the facial nerves, and the last dorsal and the first two lumbar vertebrae are sensitive to pressure. She does not experience a sensation of weight on the vertex, but suffers from orbital neuralgia. Her digestion is faulty; she has flatulent dyspepsia, pseudo-membranous enteritis, with constipation and a progressive exhaustion of her whole system. Her abdominal organs are movable, especially her right kidney, which descends to the upper crest of the iliac fossa.

But that which most attracts one's attention is a pulsation in her epigastrium, which is very troublesome, and especially so at night, when it robs her of her sleep; it is so violent as to lift one's hand if laid upon her epigastrium. On auscultation, a pronounced diastolic murmur is to be heard. In spite of this her heart is normal, pulsation in the crural vessels is synchronous with that of the heart. A diagnosis of aneurism is not to be made, as would have been done in times past, simply because this pulsation and murmur of the abdominal aorta were audible. Neither do I wish to deny that diagnosis of the aneurism of the abdominal portion of the aorta is difficult, particularly when it is situated in the upper portion of that cavity. Stokes has reported a case of a lawyer who suffered from atrocious pains in the epigastrium, and who not only consulted a number of eminent English physicians, but also Andral, in France, who all declared that he was a sufferer from dyspepsia. One day his aortic aneurism burst and he died suddenly.

Aneurism of the aorta was suspected

in our case, and search was made for it, for in actual aneurism there are present those characteristic signs, dorsal and epigastric pains, and especially in the lumbar region, which are often terrific and of great extent. They come in crises and cease completely in the intervals. They are aggravated by movement, walking about and pressure. Besides there is dysphagia, dyspepsia and vomiting. A second characteristic series of symptoms is furnished by the abdominal pulsations; but to diagnose an aneurism one should not only bear in mind the intensity of these pulsations, for there are aneurisms which are accompanied by very slight pulsation. Thirdly, there is to be heard a murmur which is mostly single and sometimes double. In our patient we actually meet with this triple series of symptoms—pains, pulsations and murmur. But, if we examine these carefully, we shall see that they differ from those associated with aneurism.

—Medical and Surgical Reporter.

INGROWING TOE-NAIL.

This affection has been usually ascribed to the pressure of too narrow and small shoes, but according to the investigations of Dr. Regnault (Med. Week), while the action of shoe pressure is to produce deviation of the big toe by bending the nail, this is not sufficient to cause it to grow in. The toe may be deviated, the nail bent like a claw and deeply implanted in the flesh, without the occurrence of ulceration. Moreover, ingrowing nails are quite common in individuals of a lymphatic tendency who have a thick toe and a small flat nail, and in them the constitutional state is the chief causative agent. When this affection occurs in healthy persons, however, whose toe has been more or less changed by shoe pressure, Regnault cautions us not to attribute too much significance to the latter. He believes that slight traumas, due to contusion of the toe or cutting of the nails, and uncleanliness which favors the entrance of pyogenic germs, are frequent exciting causes of ingrowing nails, which, if obviated at the onset, will assure a prompt cure of this trouble.

—Internat. Jour. Surg.

UNSEXING OF WOMEN.

When will the profession realize that the "craze for operating" that has seized

many physicians has led them to unsex and mentally destroy numbers of women more for the sake of figuring as operators than on account of any good that would be done the patient? We know of no cases where Tait's operation was a benefit to the victim, and of many where it was an injury

—Medical Epitomist.

THE TECHNIQUE OF CURETTAGE.

Dr. M. Sanger states that, aside from the infectious, gonorrhreal forms of chronic endometritis, the most frequent and important varieties are endometritis, menorrhagica and hypersecretoria. For the former (endometritis interstitialis, fungosa, climacterica) the best treatment consists in curetting, followed after a few days by the application of caustics. In endometritis hypersecretoria which is usually limited to the cervix uteri, irrigation, gauze "drainage," and cauterization are especially indicated. Irrigation must be preceded by dilatation of the cervix with laminaria tents, and rarely effects a cure unless associated with other measures. As a preparatory procedure to cauterization, washing out the uterus with a soda solution is of service. The use of gauze tampons, especially of medicated gauze, has a favorable action, although they should not be regarded as promoting drainage. They have the disadvantage of requiring to be frequently renewed. This objection does not apply to cauterization, the stronger the caustic the less frequently it has to be repeated. Sanger believes that in general the cauterization resorted to is too mild and too frequently repeated. Among caustics he prefers a 50 per cent. solution of chloride of zinc, which is suitable both for catarrhal as well as chronic, infectious and menorrhagic forms. In cases where the cervical canal is narrow, however, in virgins and nullipara, weaker solutions are in place. If a 50 per cent. solution be employed the application should not be repeated until the end of sixteen to twenty days. For cauterization Sanger employs a long, thin, silver sound.—Centralbl. f. Gynaekol., No. 16, 1894.

FOR HEMORRHOIDS.

When piles are prolapsed and inflamed and operation refused, paint daily with tincture of iodine.—Ivanoff.

Therapeutics.

Under the charge of LOUIS LEWIS, M. R. C. S., Philadelphia.

TRIKRESOL IN TYPHOID FEVER.

Dr. H. Kolsch (Sem. Med., 1894, xiv, p. 146.)

Dr. H. Kolsch reports on the use of trikresol (mixture of orthopara and metacresols) in 12 cases of typhoid fever treated during the entire course of the affection with this remedy alone, to the exclusion of all other medication and even baths. The trikresol was administered three times daily, half and one hour after the ingestion of food (milk) in capsules, each containing 10 centigrammes (one and a half grains) dissolved in olive oil by means of potash soap, which oily solution has been named entero-cresol. Three capsules were given on the first day, six on the three days following, nine on the fifth to seventh days, twelve on the three days following. From the eleventh day on the daily number of capsules was diminished in the inverse ratio. As a result of this treatment, it is stated, there was absence of tympanites, of gurgling, of painful sensibility in the right iliac fossa and of complications and relapses. The pulmonary symptoms were remarkably slight, and convalescence was rapid.

The six patients with whom this treatment was instituted early—that is, on the third to seventh day of the disease—became convalescent in 13 to 18 days. The favorable effect exerted by entero-cresol on the fever is reported to have been striking. It was sometimes manifested even after the ingestion of but six capsules a day, but oftener from the day on when 12 capsules were begun to be administered, by a gradual abatement of the pyrexia and definitive defervescence.—American Medico-Surgical Bulletin, August 15, 1894.

IODOFORM IN TUBERCULOUS PHTHISIS.

A. Foxwell in the Birmingham Medical Review, July, 1894, has had considerable experience of iodoform in the treatment of tuberculous phthisis during the last eight years, and on the whole he considers it the most satisfactory of all the antiseptic drugs which

have been used in tuberculosis. He has examined his out-patient casebooks for 1886, 1887 and 1888, but of the many instances in which iodoform was used as the main treatment he could only collect 46 where the notes were kept with sufficient persistency to make them worthy of record. Of these, 12 were much improved, 15 improved, 11 remained the same, and 8 grew worse; that is, 59 per cent. improved and 17 per cent. grew worse. Of the 12 who much improved, 6 had reached the third stage, but only 2 of these had both lungs attacked, and only 1 among the earlier cases was so affected. Of the 15 who improved, 11 had reached the third stage, and 7 had both lungs involved. Of those who grew worse, 5 had both lungs attacked, and 3 of these had reached the third stage. Of the 11 who remained stationary, 7 had reached the third stage, and 5 had both lungs diseased. From these statistics it appears that the advanced cases did as well as the early ones. This the author thinks to be due mainly to the favorable nature of the advanced cases, these being mostly cases of localized cavitation, or those in which considerable fibrosis had occurred. The unfavorable advanced cases doubtless felt themselves too ill to stand the exhaustion of out-patient attendance. The usual prescription was one 1-grain pill, to be taken six times daily. The dose never exceeded that amount, and was occasionally less, the average being five grains daily. In three cases only were any symptoms of poisoning detected, and these were merely of a mild gastric nature. The author also tried the drug in conjunction with oil and tonics, and compared both classes of cases with those in which oil and tonics alone were used. The conclusion he arrived at after a three years' trial was that iodoform given by itself gave better results than any other drug or combination of drugs he had tried or seen tried. It soothed the nervous system of erethic subjects; it very greatly lessened cough and expectoration; it powerfully increased nutrition, the patients often becoming quite plump under its continued use; finally there was as

great, if not greater, improvement in the physical signs than the author had seen accomplished by any other mode of treatment, except that of climate and hygiene. Foxwell has since used iodiform for the cure of phthisis in some private patients, and in some hospital in-patients; and his later experience fully bears out his previous impressions. As regards mode of administration, the author believes it to be always safe to begin with 2 grs. t. d. s. If the patient has difficulty in steadily taking this small dose it is useless to persevere any further with the drug. "Having satisfied yourself," says the author, "by three or four days' treatment that the daily dose of 6 grains can be well borne, order it to be increased by 2 grains every other day till 30 grains are reached. Keep the patient to this daily dose for at least three months, and at a somewhat lower level (should all signs of activity have vanished) for three months longer." If the patient does not strongly object, he always advises its continuance for a year. Foxwell has usually limited himself to a maximum dose of 30 grains a day.

GERMAIN SEE ON FERRATIN.

The distinguished French savant, Professor Germain See, reported his views on the therapeutic value and place of ferratin to the Academy of Medicine of Paris, August 21, 1894.

Professor Germain See said that he had found occasion during his attendance at the Hotel Dieu to employ ferratin and to study its effects on various clinical cases, which he took pleasure in reporting.

Ferratin seemed to have a direct significance in the nutrition of the tissues, and even after prolonged use it produced no derangement of the stomach or intestines. It had a pronounced curative effect. It acted mildly astringent, without causing hurtful excitement or constipation—disturbances commonly following the use of ordinary ferruginous preparations; but as a remarkable fact, it caused a strong increase of appetite—always precarious and capricious in anemic patients—and also regulated the movements to a normal condition. Its administration was free from any unpleasant side or after effects.

Ferratin, 0.5 to 1.5 grammes per day in divided doses, was primarily a valua-

ble food product; it excited appetite and thereby offered a powerful adjuvant in permitting the absorption of food, and it contained a fixed proportion of iron which was highly assimilable and thus replaced a vital insufficiency.

The administration of ferratin, said Professor Germain See, was indicated in

Those suffering from anemia from hard work, though the patient have the appearance of good health;

Those, of both sexes, affected with chlorosis;

Those weakened by too rapid growth and puberty;

Those fatigued by study;

And, in short, all in whom a diminution of red blood corpuscles had ensued, due no matter to what causes.

Professor Germain See concluded his report by promising that he would keep the academy informed as to his further studies of ferratin, which he was conducting simultaneously at the Hotel Dieu, in his medical clinic, and in his physiological laboratory. — American Therapist.

BENZOATE OF SODIUM.

The combination of borate of soda and benzoic acid is extremely beneficial in various forms of kidney and bladder difficulty. Perhaps the most advantageous results are obtained when there is an excess of insoluble urates or of uric acid; the urates are at once converted into soluble, harmless, easily eliminated hippurates.

In high specific gravity of the urine, excessive urea in lithemia, in lithemic albuminuria, and renal hyperemia resulting from these conditions, the mixture is exceedingly serviceable.

For Ulcers and Fissures—Compound tincture of benzoin is recommended by Dr. H. S. Purdon. Labial and lingual fissures, he declares, quickly heal under this application.

A suicide, in the service of Dr. Kerr, Washington, D. C., with a bullet wound of both walls of the right ventricle, followed by profuse external hemorrhage, lived for two hours.

Medicine.

Under the charge of E. W. BING, M. D., Chester, Pa.

MYXEDEMA.

Myxedema is a recently discovered affection, the first published case being about twenty years since. It is so named on account of the mucous appearance of the liquid infiltrating the cellular tissue. Charcot, struck with the thickening of the hands and feet, which made the subjects resemble in those particulars the pachyderms, also the general decay accompanying the disease, named it the pachydermic cachexia. It is probable that myxedema would have remained comparatively unknown if the brilliant results of a special treatment had not called attention to it. It is not because it is excessively rare, for in France it is sufficiently common, so it is well to be familiar with its appearance. The following case describes the symptoms:

Child 3 years. Erectile tumor springing from the upper lip had invaded the cheek and the eyelid. This was treated with injections of alcohol, 30 per cent., increased gradually to absolute alcohol, beginning with 1 grammie and increasing to 3 grammes at one time. This tumor disappeared, leaving a slight scar, after fifteen injections.

These injections offer a safe, easy and inoffensive method of treatment of venous erectile tumors. To return to myxedema.

In the case under notice there was a suspicion of anasarca, the urine showed some albumen. From a study of photographs of cases of myxedema, attention was accidentally directed to this as a cause of the appearances in this case, which were as follows:

Extreme puffiness, especially in the lower eyelids, which nearly hid the eyes, lower lip pendant and turned out, enormous tongue constantly protruded from the mouth; skin dry and earthy, characteristic dull expression. In the other parts of the body the subcutaneous tissue was infiltrated and considerably hardened, and sensibly cold; 35 to 36 deg. C. (93 to 96 deg. F.). The child had no teeth, could not walk, and gave no signs of intelligence; hair abundant, but dry and discolored, and there was an alto-

gether idiotic appearance. Palpation of the neck showed the absence or atrophy of the thyroid gland.

The lesions are sometimes congenital, or come on shortly after birth, or sometimes later, the causes being unknown. The symptoms resemble closely those seen after the extirpation of the thyroid gland in animals. It was this resemblance which caused Horsley in 1890 to propose the transplantation of the thyroid gland of sheep in myxedematous subjects to arrest the progress of the disease. Later Murray proposed injections of thyroid extract dissolved in glycerine and carbolated water, with which he had marvelous success. In 1892 Mackenzie showed that as good results could be obtained by giving the thyroids by the mouth, as food, and in 1893 Davis proposed the use of the powdered extract in the same way. The different methods are all equally effective. The effects must be carefully watched, as the remedy has a marked depressing action on the heart. It has determined alarming symptoms in several cases, and probably was in one case the cause of death. Small doses of the gland are to be given, especially where there is heart or arterial disease. From 50 mm to 1 grammie are sufficient—the whole gland weighs about 2 grammes (each lobe being about 1 grammie). The recognized dose is about 1 lobe every one or two days.

In the case under notice, increase over this amount brought on fever, agitation and diarrhea, which disappeared on restricting the amount to 1 lobe per day. In two months the transformation was complete; the puffiness of the face and body had entirely disappeared, the eye was open and bright, the skin soft and rosy, the tongue had retreated into the mouth, and the whole appearance from being disgusting was pleasant. Intelligence was awakened, the child noticed its surroundings and commenced to talk; the teeth had pushed through, and the hair was restored to its proper appearance. Temperature became normal and albumen was absent from the urine.

DANDOIS.

—Rev. Medicale.

VALUE OF COMBINING HEART TONICS.

Convallaria majalis is a simple cardiac tonic and a safe remedy, in action similar to digitalis, but not so marked; it causes slowing and increases the force of the heart-beats. But it will frequently be found, in lessening compensation, that convallaria, strophanthus and digitalis individually fail or disappoint after a time; and then a combination of all three often produces an effect little short of marvelous. Once or twice in recent years I have been called in consultation over cases of advanced mitral disease, in which central failure has shown itself by extensive dropsy of the limbs, edema of the lungs and liver, and a general water-logged condition of the system. On inquiry as to the exhibition of digitalis, the reply has been, "He has had it," with perhaps a like response as to strophanthus and convallaria. But they had not been given collectively; and when this was done, benefit speedily accrued to the patient, and credit to his medical advisors.—Dr. Taylor, in "The Clinical Journal."

STROPHANTHUS IN DIPSOMANIA.

A Russian physician, Doctor Skvortzaw, while treating a patient in an attack of dipsomania, administered tincture of strophanthus in the dose of seven drops three times a day in order to relieve the action of the heart, which showed a degree of weakness and remittent pulse, and to his surprise found that with the first dose the patient was taken with nausea and disgust with alcohol, the usage of which he stopped at once. In two other cases he had subsequently to treat, he adapted the same medication with the same result; the attack of dipsomania was abated at once.

In all three patients the symptoms were the same; the drug first caused nausea, followed in a short time by free perspiration, phenomena not usually observed in non-alcoholic cases. In none of the three were there any mental symptoms following the sudden stoppage of the stimulants.

—Am. Jour. of Insanity.

SCIATICA.

J. Schreiber (St. Petersburg Med. Woch., August 25, 1894), in a paper read at the International Congress at Rome, says that during the past fifteen years a considerable number of patients have been treated by him for (so-called) sciatica. A certain proportion of these cases, he said, suffered from true sciatica (ischias), but in a considerable number the symptoms of disease were due to rheumatic processes affecting the muscles, tendons, fasciae, and ligaments in the neighborhood of the hip-joint. He records three cases from the latter series. The first case was an Italian in whom ischias was diagnosed. After five weeks of ordinary mechanical treatment, no improvement had been observed. This led Schreiber to make a further physical examination, when he found a swelling in connection with the bone forming the margin of the great sciatic foramen of the affected side. The patient also said that some years previously he had suffered from syphilis. Syphilitic inflammation of the bone, which pressed upon the great sciatic nerve, was then diagnosed. Anti-syphilitic treatment was adopted, and the patient soon recovered. The second case was a patient, aged 36, who suffered from lancinating pain along the sciatic nerve, extending from the pelvis to the knee. Ischias was diagnosed, and the mechanical treatment carried out for six weeks. No improvement followed, and on further examination distinct signs of tabes dorsalis were discovered. The third patient was a man, aged 62, who had been treated for twelve years for sciatica without good result. On close examination he was found to be suffering from rheumatism, which involved the muscles on the inner side of the thigh and the structures around the right hip-joint. Mechano-gymnastic treatment was employed, and in four weeks complete recovery had taken place. Schreiber concludes that a large number of the cases of sciatica which are successfully treated are not neuralgias but rheumatic processes. Both classes of sufferers are cured by electrical and hydro-pathic treatment, but more certainly by mechano-therapeutic measures. If electro and hydro-therapeutics fail, mechano-therapeutic measures generally succeed. If in the severe cases of old standing and due to rheumatic conditions massage does no good, rational gymnastic treatment must be adopted.

Miscellany.

A GREEK SYMPOSIUM.

In the amphitheatre of the Medicico-Chirurgical College, Monday afternoon, the 2d, was held a so-called Greek Symposium. The feast, instead of being a drinking party, was served up in the most philosophical manner. Dr. J. E. Garretson discoursed on Socrates and the relationship of philosophy to religion. Dr. Burchard presented a paper, which will be published in full, commencing with the next issue of this journal, on Science versus Religion. This paper was a masterful essay, setting forth the true status of the subject in a clear and intelligent manner. Following the reader were short speeches by Dr. Matthew Woods and Richard Westbrook, LL. D. A little foreign to the subject, but no less interesting was the introduction of Prof. Nordyossy, who proposes to revive the dead languages by instructing pupils in the art of conversation in the Latin language. He states it is as easy to learn to speak Latin as English, French or German, the only requisite being that we think in, and use the language so as to become familiar with it. In demonstration of this the Professor made a speech in Latin. It would seem as if symposia of this sort would be profitable to medical students. The exercises of the afternoon were most profitable and interesting.

TWENTY-FIFTH ANNUAL SESSION OF THE MEDICAL SOCIETY OF VIR- GINIA, TO BE HELD IN RICH- MOND, VA., BEGINNING OCTOBER 23, 1894.

First meeting, open to the public, called to order by the President, Dr. William P. McGuire, of Winchester, Va., at 8. P. M., Tuesday, October 23, 1894, in hall of Y. M. C. Association, Main and Sixth streets. Fellows, delegates and members by invitation must register their attendance at the registration desk in the hall of the meeting.

After prayer, address of welcome, report of Committee on Applicants for Fellowship, etc., the address to the public and profession will be delivered by Dr. R. S. Martin, Stuart, Va.

Report of Committee on Prize Essays: (a) Dr. Hunter McGuire's prize of \$100 for essay on "The Medical and Surgical Aspects of Appendicitis;" (b) Conjoint prize of Drs Joseph Price and Herbert M. Nash of \$200 for "The His-

tory of Surgery and of Surgeons in Virginia." Essays offered for either prize must be typewritten or printed, signed only by a nom de plume, accompanied by a sealed envelope, with the corresponding nom de plume on the address side, containing the name and post-office address of the author. All essays in competition must be in the hands of the recording secretary by October 13, 1894.

Business of a general character, reports of officers, etc., until adjournment.

All subsequent meetings of the session will be held in the hall of the Chamber of Commerce, Main and Ninth streets.

Wednesday, October 24, 10 A. M. Business of a general character until 11 o'clock, when Dr. William P. McGuire, of Winchester, Va., will deliver the annual address of the president.

Subject for general discussion—Appendicitis—Dr. William L. Robinson, of Danville, Va., leader. Dr. J. W. Long, of Richmond, Va., will follow with a paper on "The Indications for Celiotomy in Appendicitis." Dr. Edwin A. Down, of Hartford, Conn., member by invitation, will read a paper on "The Psychic Factor in Appendicitis." Members by invitation, Drs. A. M. Phelps and Robert T. Morris, of New York City, and Honorary Fellow Dr. Joseph Taber Johnson, of Washington, D. C., will discuss the subject. The discussion will then be opened to fellows, delegates and invited guests, in the order of their recognition on the floor by the chair, the right of closing being accorded, of course, to the leader, Dr. Robinson.

(By resolution, 1884, thirty minutes is the limit of reading a paper, and fifteen minutes for extempore remarks by the same speaker).

The afternoon meeting will be devoted to election of officers, etc., including nominations to the Governor of twelve fellows to compose the Medical Examining Board of Virginia (so far as the regular profession is concerned) for the four years to begin November 1, 1894, the selection of place and time for holding the twenty-sixth annual session, selection of leader and subject for general discussion during that session, etc.

After these elections, etc., the call for papers and discussions will begin and continue as the order of business. The following fellows have complied with the terms of their appointment by the president last fall:

Dr. John W. Dillard, Lynchburg. Subject: Curettage of the Uterus.

Dr. James D. Moncure, Williamsburg. Subject: Care of the Insane.

Dr. J. T. Boutelle, Hampton. Subject: Trephining for Epilepsy.

Dr. William F. Cooper, Woodville. Subject: Dysentery.

Dr. William A. Thom, Jr., Norfolk. Subject: Preventive Medicine.

Dr. George W. LeCato, Wachapreague.

Subject: Some Old Remedies in the Treatment of Diphtheria.

Honorary Fellow, Dr. Joseph Price, Philadelphia. Subject: The General Practitioners' Knowledge and Responsibility in Gynecological Troubles.

The following fellows promised papers under the appointment of the President, but have not informed the secretary of the titles:

Dr. A. S. Priddy, Keysville, Va.; Dr. Robert Glasgow, Lexington, Va.; Dr. Elliott T. Brady, Marion, Va.

In response to postals issued August 20 the following have promised papers:

Honorary Fellow, Dr. J. Edgar Chancellor, University Station, Charlottesville, Va. Subject: Preventive Treatment of Pulmonary Phthisis (Tuberculosis).

Dr. J. Allison Hodges, Richmond, Va. Subject: Sepsis—Its Early Diagnosis by the Pulse.

Dr. Wharton Sinkler, Philadelphia. (Invited.) Subject: Sporadic Cretinism and its Treatment by Thyroid Extract.

Dr. Alfred B. Tucker, New York. (Invited.) Subject Cesarian Section—Report of a Case.

Dr. J. T. Graham, Wytheville, Va. Subject: Glycerine Suppository as a Substitute for the Glycerine Tampon.

Dr. Samuel J. Fort, Ellicott City, Md. (Invited.) Subject: Psychical Epilepsy.

Dr. George W. Lerrick, Middletown, Va. Subject: Report of a Case of Dislocation of the Hip Joint with Fracture of the Femur.

Railroads in Virginia have generally agreed to one and a third fare during the week of the society.

Hotel per capita daily rates have been secured as follows:

Murphy's Hotel, Broad and Eighth streets, European plan, room, 75 cents to \$1; American plan, \$2 per day.

The following are on the American plan:

Exchange Hotel, Franklin and Fourteenth streets, \$2.50 to \$3.

The Lexington, Main and Twelfth streets, \$1.50 to \$2.

Dodson Hotel, Twelfth and Bank streets, \$1.50 to \$2.

St. Claire, Grace and Ninth streets, \$1.50.

THE PHILADELPHIA DENTAL COLLEGE.

The opening of the session of the Philadelphia Dental College was formally observed on Tuesday evening, October 2.

A law in Norway prohibits any person from spending more than five cents for liquor at one visit to a public house, and alcoholic stimulants are supplied only to sober persons.

Here and There.

What is our duty here? To tend
From good to better—thence to best;
Grateful to drink life's cup—then bend
Unmurmuring to our bed of rest;
To pluck the flowers that round us blow,
Scattering our fragrance as we go.
—Sir J. Bowring.

Dr. W. T. Jenkins, Health Officer of New York, furnishes to the New York World an interesting article on cholera. He says that the history of cholera in the port of New York shows that in every instance where the ship has brought cholera infection the development of the disease has been within not more than two days after leaving the infected port. On shipboard at least 75 per cent. of the cases of diarrhoeal trouble or choleric recover without giving serious inconvenience to the patient or without being discovered on medical inspection. Only 25 per cent. reach a state of collapse, and of these the recoveries are more than 75 per cent. under proper medical treatment. Cleanliness, prompt isolation and supervision of water and food supply will stop the spread of the disease. Dr. Jenkins believes that while there are many rumors of cholera abroad the lateness of the season promises immunity this year to the United States. The New York Board of Health each year educates from 25 to 50 men in the handling of contagious or infectious diseases, and will send a skilled bacteriologist entirely familiar with cholera to any city not remote from New York.

A 16-year-old Kentucky boy, who has been deaf and dumb since his birth, had his faculties suddenly restored on Friday while bathing in a pond.

An alligator with "luminous" eyes is the property of a Georgia man. It is quite tame, and crawls around the yard at night, when "fire seems to flash from its eyes."

A Virginia woman being afraid that she could not remember the respective ages of her large family kept a bottle for each child, and every birthday dropped a pea in to keep the reckoning.

Notes by the Wayside.

BY ERNEST B. SANGREE, A. M., M. D.

Is there no way to muzzle that perennial report with respect to a long growth of hair after death? It happened again a day or two since, as a telegram from a near-by Jersey town, not only asserting that the body's hair had grown to a great length since burial many years ago, but quoting a "scientist" (Heaven save the remark!) as believing that the hair was still growing. What gave rise to this curious belief?

A careful investigation made into the subject some years ago showed that where such growths appeared as if really having taken place, the substance growing was not hair, but vegetation of some kind or another, delicate roots, for instance, simulating the appearance of hair.

The merest tyro in histology knows that hairs, like all other organized bodies, grow by the multiplication of cells and the piling of one on another.

Death forever stops cell division, and it is therefore as utterly impossible for hair to grow after this occurrence as it is for an arm, leg or body to grow. If, however, you wish to split a hair over the matter, so to speak, it may be acknowledged that for a few hours after death of the body, certain of the individual cells still act.

It has been proved that some of the internal organs, such as the liver, spleen and kidneys, perform their functions for a longer or shorter time, seemingly not aware that the body to which they belong is dead, and nevermore will need their exertions. But soon these organs find that the life-giving stream of blood no longer courses through them, and they, too, succumb. Perhaps during this period a few cells may multiply at the base of a hair and extend its length by the ten-thousandth of an inch. That is all it can actually grow.

I might add that to smoothly-shaven surfaces on either face or head an appearance of slight growth after death is sometimes seen, but this is due to the fact that the skin has contracted in such a manner as to force out of the follicle a portion of the hair previously concealed there. There is something

so gruesome and uncanny in the thought of this growth going on in a body after death, that I consider it the duty of physicians to post themselves intelligently on such points as these, in order that as time goes on they may deliver the community about them from belief in these old wives' tales, these middle-age relics, of which the one just noted is a fair sample.

A damage suit for \$25,000 is pending in Baltimore, the only grounds being, so far as I can see, that the body did not look as well after the autopsy as it did before, and that it was sewed up with red thread. Fortunately the doctor who opened the body was also the Coroner, so that the case will probably fail. If the red thread charge is true, however, it is a pity. There is no need of such carelessness, and instances like these, obtaining wide publicity, tend to turn the people more strongly against autopsies, and in this way one man's thoughtlessness or negligence reacts on a thousand progressive physicians.

THE MEDICO-CHIRURGICAL COLLEGE.

The opening exercises of the Medico-Chirurgical College were held in the amphitheatre of the college on Wednesday evening, October 3. The introductory address was delivered by Dr. L. Webster Fox.

NOTICE TO OUR SUBSCRIBERS AND OTHERS.

The publishers of "The Times and Register" have made the following arrangement for club rates with the Medical World, of Philadelphia:

Price of Medical World (monthly) \$1 a year.

Price of "Times and Register" (weekly) \$1 a year.

Price of both World and "Times and Register," when ordered together, \$1.75 a year.

We can also give club rates to the New York Twice-a-Week World (not medical) with the "Times and Register" at \$1.75 a year, or we will give a year's subscription to the "Times and Register," the Medical World and New York Twice-a-Week World, together, for \$2.50.